

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	DT		2-10-00
<b>O.I.P.E. CLASSIFIER</b>			7-218-00
<b>FORMALITY REVIEW</b>		105955	8/11
<b>RESPONSE FORMALITY REVIEW</b>			

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
1	
2	
3	✓
4	0
5	0
6	✓
7	✓
8	✓
9	✓
10	0
11	✓
12	0
13	✓
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15	✓
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17	✓
18	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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